

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign PAC			FEC IDENTIFICATION NUMBER ▼ C C00235853		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016</div> </div>		
Full Name of Payee Human Rights Campaign			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>		
Mailing Address 1640 Rhode Island Ave NW			Amount <div style="border: 1px solid black; padding: 2px;">2180.31</div>		
City State Zip Code Washington DC 20036		Transaction ID : D621565 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>			
Purpose of Expenditure Web and Email Content - Staff Time		Category/Type			
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: 00			State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">33180.31</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Design Army			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>		
Mailing Address 510 H St NE Ste 200			Amount <div style="border: 1px solid black; padding: 2px;">1500.00</div>		
City State Zip Code Washington DC 20002		Transaction ID : D621566 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2016</div>			
Purpose of Expenditure Web Content - Design		Category/Type			
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: 00			State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">33180.31</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">3680.31</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. James Rinefierd Signature			[Electronically Filed] Date		
			<div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 02 / 17 / 2016</div>		

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
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Form/Schedule: F24A
Transaction ID :

Nationally disseminated online content

Form/Schedule:
Transaction ID:

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Full Name of Payee Beacon Media		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 1725 I St NW Ste 300		Amount 11625.00	
City Washington	State DC	Zip Code 20010	Transaction ID : D621567
Purpose of Expenditure Web Video	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bully Pulpit Interactive LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800		Amount 15000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D621568
Purpose of Expenditure Online Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY
02 / 17 / 2016

Signature

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Full Name of Payee Digital Surgeons		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 1175 State St Ste 219		Amount 2875.00	
City New Haven	State CT	Zip Code 06511	Transaction ID : D621570
Purpose of Expenditure Web Content - Development	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2875.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	33180.31

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Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY
02 / 17 / 2016

Signature